

IPDR6702		NORTH CAROLINA			PAGE: 1		
RUN DATE: 01/16/2005		IPRS CHECKWRITE SUMMARY REPORT					
		CHECKWRITE DATE: 01/19/2005					
		FINANCIAL PAYER: NCDMM					
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	CLAIMS
							PAID
3404901	SMOKY MOUNTAIN H/DD/SAS	8505	48	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET			
		8800	1	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	0	49	50
							1
3404904	WESTERN HIGHLAN DS LME	8599	1467	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.			
		11	1108	CLIENT NOT ELIGIBLE ON SERVICE DATE	308	3886	11439
							7553
		167	399	NO CHARGE BILLED. ENTER BILLED AMOUNT AND SUBMIT DETAIL AS A NEW CLAIM			
3404905	TREND COMM MENT AL HLTH CTR	0	0	*** NO DATA TO REPORT ***			
		0	0		0	0	0
3404907	RUTHERFORD-POLK	0	0	*** NO DATA TO REPORT ***			
		0	0		0	0	0
3404910	PATHWAYS	8505	3712	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET			
		8529	905	CLAIM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS THE LMA	1	5196	7839
							2642
		8599	275	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.			
3404912	CATAWBA COUNTYM ENTAL REALT	8931	83	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.			
		8599	50	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	97	202	1583
							1381
		27	23	DIAGNOSIS CODE MISSING OR INVA LID. VERIFY AND ENTER THE CORRECT DIAGNOSIS CODE AND SUB			
3404913	HECKLENBURG COM ENTAL REALT	191	119	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME			
		8529	11	CLAIM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS THE LMA	0	130	130
							0
3404916	CROSSROADS BEHA VIOAL HEAL	8517	199	CLAIMS DENIED, SUBMITTED BEYON D FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBM			
		8518	65	CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. MAY AND JUNE DOS MUST BE SUBMITTED BY	1	477	4883
							4406
		8599	58	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.			

PROVIDER NUMBER	PROVIDER NAME	HIGH DENIAL EOBS	NUMBER OF DENIALS	DESCRIPTION	TNC DENIALS	TOTAL DENIALS	TOTAL CLAIMS FINALIZED	TOTAL CLAIMS PAID
3404917	CENTERPOINT HUM AN SERVICES	21	3852	DUPLICATE OF CLAIM-SYSTEM				
		8599	479	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	449	5271	7499	2228
		8931	371	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
3404918	ROCKINGHAM CO M ENTAL HEALT	8599	158	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8935	78	ASTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.	97	396	4413	3979
		8518	70	CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. MAY AND JUNE DOS MUST BE SUBMITTED BY				
3404919	GUILFORD CO MEN TAL HEALTNC	8599	59	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8621	32	60 RESIDENTIAL LEVEL III TREAT MENT RECEIVED, PA IS REQUIRED FOR ADDITIONAL SERVICE.	5	122	4296	4174
		8622	20	60 RESIDENTIAL LEVEL II TREATM ENT RECEIVED, PA IS REQUIRED FOR ADDITIONAL SERVICE.				
3404920	ALAMANCE CASHEL L AREA MHI D	8505	2458	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8931	3	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.	3	2462	3121	659
		8599	1	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404921	ORANGE PERSON C HATHAM AREA	8599	318	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		21	230	DUPLICATE OF CLAIM-SYSTEM	36	1284	6683	5317
		5312	176	PRIOR AUTHORIZED DOLLARS EXCEE DED				
3404922	THE DURHAM CENT ER	11	40	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		21	20	DUPLICATE OF CLAIM-SYSTEM	1	61	76	15
		8931	1	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
3404923	VGFW AREA AUTHO RITY	8000	450	NO RATE AVAILABLE ON FILE TO P RICE THIS CLAIM DETAIL				
		5404	61	SEVERE DUPLICATE: SAME ATTD PR OV/PCODE/TOS/DOS/MOD	0	580	2186	1606
		8599	40	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				

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NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	CLAIMS	CLAIMS
3404925	SANDHILLS CENTE	21	1168	DUPLICATE OF CLAIM-SYSTEM				
	R FOR MH/DD							
		8505	1064	CLAIM DENIED DUE TO INSUFFICIE	50	3461	4375	914
				NT BUDGET				
		120	473	CLIENT ID NUMBER MISSING OR IN				
				VALID. ENTER CID AND SUBMIT				
				AS A NEW CLAIM				
3404926	SOUTHEASTERN RE	11	634	CLIENT NOT ELIGIBLE ON SERVICE				
	G MENTAL HL			DATE				
		8599	151	DETAIL NOT COVERED BY COMBINAT	99	1304	4485	3181
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		120	116	CLIENT ID NUMBER MISSING OR IN				
				VALID. ENTER CID AND SUBMIT				
				AS A NEW CLAIM				
3404927	CUMBERLAND CO M	8505	3015	CLAIM DENIED DUE TO INSUFFICIE				
	HC			NT BUDGET				
		8599	112	DETAIL NOT COVERED BY COMBINAT	0	3311	4695	1384
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8800	87	FURTHER PROCESSING NECESSARY,				
				PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
3404929	LEE BARNETT MH/	21	803	DUPLICATE OF CLAIM-SYSTEM				
	DD/SAS							
		8599	64	DETAIL NOT COVERED BY COMBINAT	0	1017	2165	1088
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8518	37	CLAIM DENIED, SUBMITTED BEYOND				
				FILING TIMELIMIT. MAY AND				
				JUNE DOS MUST BE SUBMITTED BY				
3404930	JOHNSTON COUNTY	11	7	CLIENT NOT ELIGIBLE ON SERVICE				
	MNVL WLTHC			DATE				
		0	0		0	7	7	0
3404931	WAKE CO HUM SVC	8518	476	CLAIM DENIED, SUBMITTED BEYOND				
	BILLING OF			FILING TIMELIMIT. MAY AND				
				JUNE DOS MUST BE SUBMITTED BY				
		11	413	CLIENT NOT ELIGIBLE ON SERVICE	1	891	944	53
				DATE				
		8931	1	AMTNC INELIGIBLE TO RECEIVE SE				
				RVICES IN IPRS.				
3404932	RANDOLPH/SANDHI	0	0	*** NO DATA TO REPORT ***				
	LLS CO MH C							
		0	0		0	0	0	0
3404933	SOUTHEASTERN CT	11	128	CLIENT NOT ELIGIBLE ON SERVICE				
	R FOR MH/DD			DATE				
		8599	64	DETAIL NOT COVERED BY COMBINAT	1	235	1191	956
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		5404	13	SEVERE DUPLICATE: SAME ATTD PR				
				OV/PCODE/TOS/DOS/MOD				

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3404934	ONSLOW COUNTY B BEHAVIORAL H	21	80	DUPLICATE OF CLAIM-SYSTEM				
		8599	38	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	7	262	2182	1920
		11	30	CLIENT NOT ELIGIBLE ON SERVICE DATE				
3404935	WAYNE CO MENTAL HEALTH CTR	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404936	WILSON-GREENE M ENTAL HEALT	21	23	DUPLICATE OF CLAIM-SYSTEM				
		8931	6	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.	10	46	2374	2328
		8599	6	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404937	EDGEcombe NASH MNTL HLTH C	8505	24	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		21	12	DUPLICATE OF CLAIM-SYSTEM	4	46	1191	1145
		8932	3	CMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
3404938	VGFW DBA RIVERS TONE COUNSE	24	37	PROCEDURE CODE, PROCEDURE/MODI FIER COMBINATION OR PROCEDURE CODE/TYPE OF SERVICE COMBINATI				
		8599	33	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	18	92	2561	2469
		8931	10	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
3404939	NEUSE MENTAL HE ALTH CENTER	8599	431	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8329	322	CLAIM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS THE LMA	11	922	3959	3037
		8000	113	NO RATE AVAILABLE ON FILE TO P RICE THIS CLAIM DETAIL				
3404941	PITT CO MR/DD/S AS CENTER	21	337	DUPLICATE OF CLAIM-SYSTEM				
		8599	80	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	52	631	1673	1042
		11	61	CLIENT NOT ELIGIBLE ON SERVICE DATE				
3404942	ROANOKE CHOWANH UMAN SERVIC	8518	29	CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. MAY AND JUNE DOS MUST BE SUBMITTED BY				
		21	5	DUPLICATE OF CLAIM-SYSTEM	5	44	392	348
		5404	3	SEVERE DUPLICATE: SAME ATTD PR OV/PCODE/TOS/DOS/MOD				

PROVIDER		HIGH DENIAL	NUMBER OF			TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	PAID
3404943	ALBEMARLE MENTAL HEALTH CTR	11	50	CLIENT NOT ELIGIBLE ON SERVICE DATE			
		8931	23	AMTNC INELIGIBLE TO RECEIVE SERVICES IN IPRS.	32	184	1081
		191	23	CLIENT ID NUMBER DOES NOT MATCH PATIENT NAME			
3404944	EASTPOINTE HUMAN SERVICES	8599	148	DETAIL NOT COVERED BY COMBINATION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.			
		8931	55	AMTNC INELIGIBLE TO RECEIVE SERVICES IN IPRS.	59	322	1985
		8505	38	CLAIM DENIED DUE TO INSUFFICIENT BUDGET			
3404946	FOOTHILLS AREA MENTAL HEALTH	8599	79	DETAIL NOT COVERED BY COMBINATION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.			
		0	0		0	79	82
3404957	TIDELAND MENTAL HEALTH CTR	8000	67	NO RATE AVAILABLE ON FILE TO PROCESS THIS CLAIM DETAIL			
		8599	9	DETAIL NOT COVERED BY COMBINATION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	3	88	368
		11	8	CLIENT NOT ELIGIBLE ON SERVICE DATE			
3404979	NEW RIVER AREA MENTAL HEALTH/SA PRO	11	478	CLIENT NOT ELIGIBLE ON SERVICE DATE			
		8931	115	AMTNC INELIGIBLE TO RECEIVE SERVICES IN IPRS.	130	807	4896
		8599	78	DETAIL NOT COVERED BY COMBINATION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.			